

EXHIBIT 2

COMMERCIAL LINES POLICY

COMMON POLICY RENEWAL DECLARATION

"CERTIFIED COPY"

NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

Transaction_#

Named Insured and Mailing Address
(No., Street, Town or City, County, State, Zip Code)

PROVIDENCE RD REALTY TRUST
DICK WUNSCHEL

30 LACKEY DAM RD
DOUGLAS

MA 01516-

THIS RENEWS

POLICY NUMBER: **NC052634-01**

NOTICE

This policy is not Protected by The Massachusetts Insurance Guaranty Fund.

NO FLAT CANCELLATION

A premium charge based on policy conditions will be made, subject to minimum earned premium of \$. Policy fees, inspection fees or filing fees are fully earned at inception. Taxes, if any, will be retained on earned premiums only.

Agent and Mailing Address

Agency No. 02002 / 00

(No., Street, Town or City, County, State, Zip Code)

ALL INSURANCE BROKERAGE OF MA INC

PO BOX 1139

DOUGLAS MA 01516-1139

Policy Period: From 09/07/1999 to 09/07/2000 at 12:01 A.M. Standard Time
at your mailing address shown above.

Business Description: APARTMENTS & RESTAURANT (LRO)

Tax State MA

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

		PREMIUM
Commercial Property Coverage Part		\$ 1,890.00
Commercial General Liability Coverage Part		\$ 798.00
		\$
		\$
	TOTAL ADVANCE PREMIUM	\$ 2,688.00
	(Minimum & Deposit)	
Tax & Fee Schedule		
Policy Fee	\$	
State Tax	107.52	TOTAL TAXES & FEES \$ 182.52
Stamping Fee		
INSPECTION	75.00	TOTAL \$ 2,870.52

The following changes apply to the renewal of this policy (if no entry appears below, there have been no changes):

Policy Forms Deleted:

☐ Common Declaration Policy forms added or amended:

Refer to S902 (12/98) Schedule of Forms and Endorsements

☒ Revised Coverage Part Declaration attached (if changes apply to a coverage part, a revised Supplementary Declaration must be attached).

All other Terms and Conditions remain unchanged.

UND	END	CODE	FILE
K. LINK		cm	11-20
DEC 02 1999			1207

By

Countersignature or Authorized Representative, whichever is applicable

Countersigned: DOUGLAS MA
11/03/1999 JD

THESE DECLARATIONS TOGETHER WITH THE COMMON/POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY Includes copyrighted material of Insurance Services Office, Inc. with its permission. Copyright, Insurance Services Office, Inc., 1983, 1984